

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/743857

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		2		2									
4		3		3									
5		4		4									
6		5		5									
7		6		6									
8	1		1										
9		1		1									
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11		1		1									
12		1		1									
13	1		1										
14		1		1									
15		2		2									
16		3		3									
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TOTAL IND.	6		6										
TOTAL DEP.	30		30										
TOTAL CLAIMS	30		30										
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS